



ROSS TOWNSHIP
1000 Ross Municipal Drive
Pittsburgh, PA 15237

Phone: (412) 931-7055 Fax: (412) 931-3508

TEMPORARY BANNERS / INFLATABLES / SIGNS

PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____
 Location of Work (space, floor, suite, etc.): _____ Parcel #: _____ - _____ - _____
 Owner's Name: _____ Email: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

APPLICANT INFORMATION

Name: _____ Email: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

DESCRIPTION OF PROPOSED TEMPORARY SIGN

TYPE (BANNER, INFLATABLE, ETC.)	HEIGHT	WIDTH	AREA IN SQ. OR CU. FEET	LOCATION ON PROPERTY	FEET FROM PAVED STREET/RIGHT OF WAY	DATE OF INSTALLATION
_____	_____	_____	_____	_____	_____	_____

I the undersigned owner or agent for the above referenced property, certify that all statements and data furnished with this application are true and correct.

Date of Application

Signature of Applicant

TOWNSHIP REGULATIONS

- Limited to 1** banner 20 sq ft in size, **or** 1 portable sandwich board type sign limited to 8 sq ft in size, **or** 1 stationary inflatable device limited to 600 cubic ft.
- Must not interfere with sight line distances for vehicular traffic.
- Must not interfere with pedestrian traffic.
- Banners and inflatables cannot be placed closer than 15 ft to the paved portion of the street right-of-way or far enough not to fall into the cart path. The minimum front yard set back for portable sandwich board signs shall be 0 ft from the nearest street right-of-way provided the sign be placed & designed as to not interfere with visibility for vehicular traffic entering or leaving the place of business or traveling on any street public or private.
- May **not** be illuminated or produce a reflection of light greater than 1 ft candle beyond the lot line.
- May only be displayed for a period of 30 days from the date of installation.

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Permit #: _____	Fee: _____	\$30.00
Invoice #: _____	Scanning Fee: _____	\$4.00
Check #: _____	Document Storage: _____	\$3.00
	Total: _____	\$37.00

Approved by: _____ Date: _____